

PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u>

(703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be complete appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence ad indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDR maintenance fee notifications.

***************************************	CE ADDRESS (Note: Use Block 1 for	r any change of address)	Note: A certificate	of mailing can only be used for	r domestic mailin
			Fee(s) Transmittal T	Chis certificate cannot be used t	or any other accom
	7590 10/04/2004		have its own certification	nal paper, such as an assignme ate of mailing or transmission.	
	E SWECKER & MA	THIS L L P		ertificate of Mailing or Trans	mission
POST OFFICE BO		OIPE	I hereby certify that States Postal Service	this Fee(s) Transmittal is being with sufficient postage for first	g deposited with the
ALEXANDRIA, V			I hereby certify that this Fee(s) Transmittal is being deposited with th States Postal Service with sufficient postage for first class mail in an addressed to the Mail Stop ISSUE FEE address above, or being transmitted to the USPTO (703) 746-4000, on the date indicated below		
1/2005 HLE444 000000	99 09937062	ففا	transmitted to the Oc	31 10 (703) 740-4000, oil tile u	(Deposi
2:1501 2:1504 2:8001	1400.00 OP 300.00 OP 6.00 OP	JAN 0 3 2005			(Берозі
APPLICATION NO.	FILING DATE	RADPAS FIRST NA	AMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION
09/937,062	01/29/2002	Katsu	ihiro Shirakawa	019952-167	6296
I T	MPLANTABLE ELEC	TRODE LEAD AND ELECTRODE LEAD	ID LIVING BODY INSERTION A IMPLANTABLE MEDICA	L INSTRUMENT USIN	G
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$13761400	\$300	sy601700	01/04/2005
EXAMINER		ART UNIT	CLASS-SUBCLASS		·
BOCKELM	IAN, MARK	3762	607-122000		
Number is required.	tion (or "Fee Address" Indic or more recent) attached. Us	listed	tered attorney or agent) and the na istered patent attorneys or agents. I I, no name will be printed.	If no name is 3	
	D RESIDENCE DATA TO E s an assignee is identified b n 37 CFR 3.11. Completion		ΓΕΝΤ (print or type) l appear on the patent. If an assiξ itute for filing an assignment.	gnee is identified below, the de	ocument has been
(A) NAME OF ASSIGN	EE	(B) RESID	DENCE: (CITY and STATE OR CO	OUNTRY)	
MEDIDAO MADIA	HIKI KAISHA	SHIBU	YA-KU, TOKYO, JAPAN	1	
TERUMO KABUS.					
	e assignee category or catego	ories (will not be printed on	the patent): 🗖 Individual	Corporation or other private gro	oup entity Gov
Please check the appropriate 4a. The following fee(s) are	<u></u>	4b. Paymer	nt of Fee(s):	,	oup entity Gov
Please check the appropriate 4a. The following fee(s) are Issue Fee	enclosed:	4b. Paymer	nt of Fee(s): neck in the amount of the fee(s) is	enclosed.	oup entity Gov
Please check the appropriate 4a. The following fee(s) are Issue Fee Dublication Fee (No s	enclosed:	4b. Paymer A ch ed) A payr	nt of Fee(s): neck in the amount of the fee(s) is of ment by credit card. Form PTO-20:	enclosed. 38 is attached.	
Please check the appropriate 4a. The following fee(s) are Issue Fee	enclosed:	4b. Paymer 4b. Paymer A ch Sul Payr The	nt of Fee(s): neck in the amount of the fee(s) is	enclosed. 38 is attached. charge the required fee(s), or	credit any overpay
Please check the appropriate 4a. The following fee(s) are Issue Fee Publication Fee (No s Advance Order - # of Change in Entity Status	enclosed:	4b. Paymer A ch ed) Payr The Deposit	nt of Fee(s): neck in the amount of the fee(s) is of the ment by credit card. Form PTO-20: Director is hereby authorized by	enclosed. 38 is attached. charge the required fee(s), or (enclose an extra co	credit any overpay opy of this form).
Please check the appropriate 4a. The following fee(s) are Issue Fee Publication Fee (No s Advance Order - # of Change in Entity Status a. Applicant claims S	enclosed: small entity discount permitt f Copies 2 f (from status indicated above MALL ENTITY status. See	4b. Paymer A ch Payre The Deposit at 2 b. A ch A	nt of Fee(s): heck in the amount of the fee(s) is a ment by credit card. Form PTO-20: Director is hereby authorized by Account Number 02-4800	enclosed. 38 is attached. charge the required fee(s), or (enclose an extra co	credit any overpay opy of this form). FR 1.27(g)(2).
Please check the appropriate 4a. The following fee(s) are Issue Fee Publication Fee (No s Advance Order - # of Change in Entity Status a. Applicant claims S	enclosed: small entity discount permitt f Copies 2 f (from status indicated above MALL ENTITY status. See	4b. Paymer A ch Payre The Deposit at 2 b. A ch A	nt of Fee(s): neck in the amount of the fee(s) is of the ment by credit card. Form PTO-20: Director is hereby authorized by Account Number 02-4800 pplicant is no longer claiming SM. (if any) or to re-apply any previous the mean of the applicant; a re-	enclosed. 38 is attached. charge the required fee(s), or (enclose an extra co	credit any overpay opy of this form). FR 1.27(g)(2).

this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Comme Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. B Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.